

FILED
Aug 23, 1999 8:00 am
Secretary of State

08-23-1999 90009 012 ***550.00

AMOUNT DUE ON OR BEFORE 08/13/99: \$550 (IF UNPAID, MINIMUM AMOUNT DUE TO REINSTATE: \$550)

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K25996

1. Corporation Name

LASTAYO-PADILLA AND ASSOCIATES, INC.

Principal Place of Business

% RAFAEL PADILLA
 10212 SW 1ST ST
 MIAMI FL 33174

Mailing Address

% RAFAEL PADILLA
 10212 SW 1ST ST
 MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1988

4. FEI Number
65-0054781

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

PADILLA, RAFAEL
 8130 HAWTHORNE AVE
 MIAMI BCH. FL 33141

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8.20.99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-1-99

CR2E034 (5/99)